

Yosemite National Park
Commercial Use Authorization Application
Commercial Guiding Services, Groups and Organization

INFORMATION FOR APPLICANTS

Thank you for your interest in obtaining a Commercial Use Authorization (CUA) to operate in Yosemite National Park. This is a limited authorization for commercial groups to provide specific services within the boundaries of the park, and is issued by Yosemite NP for one calendar year. The following are the general criteria under which this Commercial Use Authorization is issued:

The activity authorized must be appropriate to the purposes for which the Park was created, as set forth in its authorizing legislation, without having a negative impact on Park resources.

The commercial aspects of the activity (such as marketing, advertising, exchange of money, use or construction of any structures, etc.) must take place outside of the Park.

The services provided must not conflict with the rights provided under any concession contract.

Permittee(s) must comply with all applicable federal, state and local laws related to their business or activity.

HOW TO APPLY

To apply for a Commercial Use Authorization, please submit the following documents:

1. A completed Commercial Use Authorization Application (form enclosed).
2. A copy of your current brochures and advertising materials.
3. A copy of your "Acknowledgment of Risk" form, if you provide one to clients.
4. A copy of your wilderness or field safety plan.
5. A non-refundable application fee of \$50, made payable to "DOI-NPS" (Department of the Interior-National Park Service) to cover initial application processing costs.

Mail application materials to:

Yosemite National Park
Office of Special Park Uses
P.O. Box 700
El Portal, California 95318

Additional documents to be submitted at a later date:

ONCE YOUR APPLICATION HAS BEEN REVIEWED, and if the activity is approved, a Commercial Use Authorization will be sent to you for your signature. At that time, you will need to provide:

- A current certificate of insurance documenting adequate liability coverage of the types and limits specified as conditions of the permit. A minimum general liability coverage of \$300,000 per occurrence will be required. The insurance certificate must specify no right of subrogation against the United States Government, or must name the United States Government, Yosemite National Park as additional insured. The certificate must specify that the service(s) authorized by the permittee be covered by the insurance policy.
- A fee for the administrative and monitoring costs associated with your permit will be required. The costs vary from permit to permit and will be determined by the type of activity and the administration and monitoring required for your permit. Be prepared to pay a minimum of \$350 for these costs. Contact the Office of Special Park Uses at the number below to obtain a more accurate estimate of costs specific to your permit.
- A more detailed itinerary of your proposed trips, due before your season of operation begins. (Blank itinerary forms will be sent to you with your Authorization.)
- A blank annual report form will be mailed to you along with your authorized. Annual report information includes actual visitor use, number of trips to the Park, length of stay, injuries occurring in the Park, as well as notice of your intent to renew your permit for the next calendar year. This form must be completed and returned to this office by the specified deadline noted on the form.

Explanation of Application Questions

1. Self explanatory
2. Self explanatory
3. Tax Exempt must show 501-3c Federal Tax Exemption notification from the IRS, or similar document.
4. Do you now or have you ever had a license, permit or authorization to do business within any federal or state land management agency such as the US Forest Service, Bureau of Land Management, National Park Service, State Parks, etc. If so what agency, when was the permit/license/authorization issued, how long was the permit good for, what type(s) of services did your permit allow you to conduct, and what names were these permits issued under (i.e., personal name, dba, aka, corporation)?
5. (A) Self explanatory
 - (B) What months of the year do you plan to operate within the park, i.e., June-August, Feb-April?
 - (C) What areas of the park do you plan to use. What trails, trailheads, routes of travel, campgrounds, facilities, etc?
 - (D) How many trips per year, into the Park, do you anticipate?
 - (E) What will be the length of your trips, shortest to longest, (i.e. half day to 12 days)?
 - (F) What group size(s) do you plan to bring into the park? (This includes customers and guides. List livestock separately.)
 - (G) Self explanatory.
 - (H) If this information is not available at this time it will need to be sent in once guides are hired. Do the guides have experience in guiding groups and Leave-No-Trace principles? Do they have knowledge and experience of the terrain that they will be traveling in? Are they at least 18 years old? Do they have CPR certification? Do they have 1st Aid certification; can they manage a sick or injured client or sick or injured stock in the backcountry? Can they deal with changing climate condition, etc?
 - (I) Do you plan to use motorized pumps, generators or other similar equipment while in the park, outside of an established front county campground?
 - (J) What type of stock animals do you plan to use, horses, mules or llamas? (Note: New commercial stock use permits are not being issued at this time.)
 - (K) Will you be providing food or preparing meals for you clients? A food safety handlers certificate or Certified Professional Food Manager certificate is required when handling or preparing food for clients. If the clients handle and prepare their own meals this certification is not necessary.
 - (L) Will you use your vehicles to transport clients into or out of the park, or will they use their own vehicles. Transporting clients as part of the business operation requires authorization through the California Public Utilities Commission for California companies or the Dept of Transportation for non-California companies.

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APPLICATION

Submit completed applications to: Yosemite National Park
Office of Special Park Uses
P.O. Box 700
El Portal, CA 95318
Phone: (209) 379-1851, FAX (209) 379-1859

U.S. Federal Tax ID #: _____

Applicant Name: _____ **Phone :** _____

Business Name: _____ **Fax :** _____

Applicant's Complete Address: _____ **E-mail:** _____

Web Page: _____

(Please note if address & phone numbers are only for winter or summer use. If different information is used for different times of year please show this information at the top of this page or on an attachment.)

1. As an applicant, are you a(n): ☐ Individual ☐ Corporation ☐ Partnership/Association
☐ State Government/State Agency (Check One)

2. If you are an individual or partnership, are you also a citizen(s) of the United States? ☐ Yes ☐ No (Check One)

3. Is your company or group acknowledged as a Tax Exempt entity by the IRS? ☐ Yes, ☐ No (Check One)
(If "Yes", please send a copy of your IRS tax-exempt notification.)

4. Have you ever provided, or are you currently providing, services under a license/permit issued by a state or federal land management agency? ☐ Yes, ☐ No (Check One)
(If "yes", please indicate the agency (agencies), location(s), dates, type of service offered, and all previous names used in these operations: (Attach additional page if needed))

5. DESCRIPTION OF THE PROPOSED ACTIVITY
(Complete the following. Attach additional pages if needed).

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A. Services Offered: (Circle all that apply.)

Guided Backpacking *Guided Fishing* *Guided Hiking* *Guided Cross Country Skiing/Snow Shoeing*
Photography Workshop *Step-On-Guiding* *Other:* _____

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B. Season of Operation (include months):

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C. Park Location(s)/Route(s):

IBP Application continued

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D. Estimated number of trips/year:

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E. Estimated duration of trip/session:

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F. Estimated group size (include guides):

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G. Safety plan (steps taken to insure the safety of client groups during their park outings, such as safety training, evacuation and emergency procedures, contact points, first-aid equipment, etc. Explain here or attach related excerpts from your operations manual or other written safety plan):

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I. Will motorized equipment be used? ☐ Yes ☐ No If "yes," describe:

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J. Will stock animals be used? ☐ Yes ☐ No If "yes," describe:

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K. Will food be provided? ☐ Yes ☐ No

If "yes," do you have a current food safety handler certificate ☐ Yes ☐ No

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**L. Will you provide your clients with transportation into and/or out-of the Park? ☐ Yes ☐ No
If "yes," describe mode of transportation and list CA or PUC Authority number(s):**

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H. Guides: Are your guides required to be certified in CPR? ☐ Yes ☐ No

Are your guides required to be certified as (Circle all that apply)

(First Aid) (EMT) (Wilderness First Responder) Other: (List)_____

I HEREBY CERTIFY that I am of legal age and authorized to do business in the state of California and that I have personally examined the information contained in this application and that this information is correct to the best of my knowledge.

Applicant's Signature (Print Name) (Sign with BLUE ink)

Date

Title 18, U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.